
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC2 South, 280 State Drive
Waterbury VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line:(888) 700-5330
To Report Adult Abuse: (800) 564-1612

September 14, 2018

Kristin Barnum, Administrator
Bayada Home Health Care
600 Blair Park Road, Suite 300
Williston, VT 05495-7589

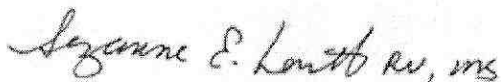
Provider ID #:477019

Dear Ms. Barnum:

Enclosed is a copy of your acceptable plans of correction for the state survey conducted on **August 13, 2018**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Division Director

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/13/2018
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NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 BLAIR PARK ROAD, SUITE 300 WILLISTON, VT 05495
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 001	Initial Comments An unannounced, on-site complaint investigation was conducted by the Division of License and Protection on 8/13/2018. The following state regulatory violations were identified.	H 001		
H1707 SS=G	17.7 Patient Rights XVII. Patient Rights 17.7 A patient has the right to appropriate and professional care in accordance with appropriate standards of care. This REQUIREMENT is not met as evidenced by: Based on medical record review, resident and staff interviews, and review of agency policies for providing care and services, the agency failed to assure that 2 of 3 clients in the applicable sample (Client # 1 and # 2) received the appropriate and professional care in accordance with appropriate standards of care. The specifics are detailed below: 1. 1. Per medical record review on 8/13/2018, Client # 1 was admitted to the agency in August 2017 with Alzheimer's Disease and frailty. The original assessment completed on 8/21/2017 indicates that no skilled services are needed and the service plan was formulated for the agency to provide Licensed Nursing Aides (LNA) or personal care attendants (PCA) for 7-8 hours a day, 4 days/ week for assistance with activities of daily living, to provide meals, offer companionship and nourishment, when the family is unavailable. No visit was made on 6/10/2018, the client was left alone for 7 hours without the family being made aware of this. The Associate Director	H1707	H 1707 Based on an analysis of the specific deficiencies cited, the corrective plan and actions taken are to address the lack of demonstrated knowledge resulting in failure to provide care as outlined in the plan of care. The plan of correction will be completed through comprehensive focused education and re- instruction. An assessment/supervisory visit was completed on 8/13/2018 for client #1. The client's progress report noted that there has been no change in the client's medical condition. On 6/12/2018, the LNA who was scheduled to provide care to client #1 was counseled on policy 0-117 - FIELD EMPLOYEE POLICIES AND BENEFITS with emphasis on the requirement to notify the office in every case when a scheduled employee will not be going to work. Re-education also included a review of policy 0-998 - UNDERSTANDING AND FOLLOWING THE HOME HEALTH AIDE CARE PLAN with emphasis on providing care at the frequency/duration as directed by the care plan. The Client Services Manager responsible for scheduling and communicating staffing for client #1 no longer works for this Agency. Client #2 no longer receives services from this Agency. <i>Doc amt 9.14.18 GC/kt</i>	9/24/2018

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kristin Barnum RN MBA</i>	TITLE VT Administrator	(X6) DATE 9/7/2018
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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2018
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H1707	<p>Continued From page 1</p> <p>confirms that no visit was made on 6/10/2018.</p> <p>2. Per medical record review, Client # 2 was admitted on 12/2017 with self care and mobility deficits, falls risk, alcohol and narcotic abuse. Based on the initial assessment, the agency was to provide licensed nursing aides (LNAs) for assistance with activities of daily living and homemaker duties for up to 14.5 hours/ week. LNA services were provided for 6 hours/ week (2 hours/ for 3 days) through the Choices For Care (CFC) Program. No skilled nursing needs were identified and supervisory visits were made every 60 days until Client # 2 was discharged from a hospital in May 2018. There is no evidence to support that visits were made as directed in the service plan after the hospital discharge. During interview, the Associate Director confirms that visits were not made in May 2018 as directed in the service plan. The Associate Director further indicates that Client # 2 has skilled nursing services provided by another home health agency and that the client has opted to contract with a private company, since s/he wanted overnight coverage and was told that the agency could not accommodate this.</p>	H1707	<p>On 9/5/2018, the Client Services Manager responsible for scheduling and communicating staffing for client #2 was re-educated on the requirement to notify the client/caregiver when services will not be provided at the frequency/duration directed by the care plan as well as the requirement to document the notifications to the client/caregiver.</p> <p>By 9/21/2018, all aides will be re-educated by the Administrator/designee on policy 0-117 - FIELD EMPLOYEE POLICIES AND BENEFITS with emphasis on the requirement to notify the office in every case when an employee is scheduled but will not be going to work and policy 0-998 - UNDERSTANDING AND FOLLOWING THE HOME HEALTH AIDE CARE PLAN with emphasis on following the care plan specifically related to visit frequency/duration as directed by the care plan.</p> <p>By 9/14/2018, all office staff will be re-educated by the Administrator/designee on the requirement to notify the client/caregiver when services will not be provided at the frequency/duration as directed by the care plan. Re-education also included the requirement to document any deviation of the frequency/duration of services provided including communication with the client/caregiver.</p> <p>Effective 9/24/2018 for three months and until 100% compliance is achieved, the Director/designee will review weekly 25% of clients receiving Aide level services only for adherence to the care plan and visit frequency/duration as directed by the care plan. If during the record review any discrepancies are found, corrections will be made and the employee responsible will be counseled. Subsequently, sustained improvement will be monitored through quarterly clinical record reviews conducted as a required component of the Organizations Quality Assurance and Performance Improvement program.</p> <p>The Administrator has overall responsibility for implementation and oversight of the plan.</p> <p><i>pocant 9.14.18 GC/et</i></p>	
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